

perfectly control the temperature of the building. This is an important factor in a building which contains thirty-three thousand four hundred and sixty-two lineal feet of coil pipes and nine thousand six hundred square feet of radiators. There are forty tons of galvanized iron ducts for heating and ventilation, something like three miles in length. The available floor space in the building is about one hundred and forty thousand square feet.

The floors are made of a composition material called "lignolith," which is light and affords a smooth, hard, waterproof surface which can be easily cleaned.

The number of windows in the building are eleven hundred and fifty-nine, which at once suggests that some method for ease in cleaning would be desirable. This is arranged for by all windows being pivoted on a false frame so that they can be turned from within the wards and rooms and both sides cleaned from within. As no angles are present here, cleaning is greatly facilitated.

The kitchen and laundry are equipped with the newest electrical and steam appliances and are situated on the top floor, so that no odors pass through other parts of the building.

These few points regarding the Lying-In Hospital we trust will be of value to you. There is, of course, much more of interest in the construction and appliances for hospital use, as refrigerating and ice plant, ematory for refuse and soiled dressings, printing plant, disinfecting sterilizing plant for patients' clothing, etc., but our limited space time forbids further description at this time, so we offer the foregoing, hoping that from it some helpful points may be gleaned.

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## DOES THE TRAINING-SCHOOL DO ITS FULL DUTY?

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IF nursing be the art of personal service to the helpless, were it not well that the young women being trained in the practice of this art should be taught the importance of the acceptable rendering of that service?

There are women whose innate womanliness will prevent their ever being other than acceptable to those whom they serve; there are others, alas! who lack fineness of feeling and are hard and unsympathetic; but the large majority of young women have a latent capacity for dignified sympathy and unselfish tactfulness, which may be developed and cultivated in the training-school, or may be ignored and tacitly discouraged.

The demand for better nursing, for better nurses, is all about us, and because of this demand training-schools are doing manifestly better work; but I question if they are yet shouldering their full share of the burden.

Undoubtedly the most valuable quality a nurse can possess in private duty—next to correct surgical technique—is the quality of being acceptable to her patient. It is a regrettable fact that, over and over again, we have known the physician to say, "An excellent nurse, but the patient does not like her." And not infrequently he chooses the nurse whose personality he can trust, though her technique may be somewhat at fault, and he may so be called to keep a closer watch over the case.

But ought this to be so? The one necessary quality has been taught in the training-school; why not the other also?

Scientific accuracy, in broad principles and small details, is both admirable and necessary, and we have proved that woman is able to grasp the fact in theory and carry it out in practice; but no work which a woman does will be done in its fullest perfection unless done with a fine grace and sympathy that is the result of a fully developed and highly cultivated womanliness.

Dr. Weir Mitchell has said that the American woman has a wonderful power of self-development. The truth of this statement may be seen by the readiness with which she responds when the force of any training is brought to bear upon her. Hence, if a young woman graduates from a school of nursing without finely developed tact and sympathy, it is safe to say that at least part of the fault lies in her training.

We will all admit readily that womanliness in a broad sense is emphasized in the schools. Womanly reserve, the self-control which is the natural result of the discipline of hospital etiquette, common kindness—all these are insisted upon, greatly to the benefit of the pupil. What I am pleading for is the uncommon kindness, the long patience, the recognition of the sick one not only as a case or a patient, but as an individual, with a right to preferences and dislikes; the recognition, also, that the sick are sick in mind as well as body. Sick people need soothing and restraining with the same gentle firmness which we use towards children, and some undoubtedly need more restraining and more patience than others, the self-control and unselfishness, or the lack of it, shown in illness generally being in proportion to that exhibited in daily life. But for a nurse to dub her patient "fussy," to make the sick one, who for the time is as helpless and as dependent upon her as an infant, feel that she is a nuisance, or is despised by her nurse, this, no matter how great the provocation may be, is conduct unbecoming a woman.

Fine feelings with quick sympathies and good executive ability are sometimes, but rarely, found in one individual. When a woman is so endowed she is a queen among her compeers; she rules and is beloved and valued by all who come within the circle of her influence. The average woman possesses the one quality but not the other, or, rather, the other is dormant and needs to be developed and cultivated.

The woman with executive ability proves more acceptable in the hospital ward, the woman with quick sympathies in private duty. But the latter must first have her hospital training, and if she wins it, it will be through much greater difficulty than her more phlegmatic sister experiences. Because of her finely strung nature the hard things of hospital life are doubly hard for her; and if she tries to fulfil her own ideal of what a nurse should be, she is in all probability told that she is "spoiling" her patients. She is also hampered by the consciousness that she is lacking in executive ability, and yet she is not taught how to acquire this so necessary attainment. The hospital authorities probably tell her to be more like Miss Smith, and she is silent, as it is not possible to tell them that she would not be like Miss Smith for anything they could offer her. She knows that Miss Smith has excellent executive ability, that her work is always done on time, her ward always in good order, and her patients so well trained that they ask for nothing which is unnecessary—and that last is an important point in gaining time for making necessary surgical supplies. Still, though in some respects she covets—and covets earnestly—Miss Smith's capability, she would not choose to be a nurse whom the patients do not love.

When Miss Jones comes back from her hours off duty to relieve Miss Smith she is at once beset by requests from all sides which have actually been waiting her return—requests to refill the hot-water bag, which has become cold, to turn the heated pillow, to bring the drink of cold water that the feverish lips have been longing to taste, to change the cramped position that has become so wearisome, and to give the bedpan.

They are such simple things she is asked to do, and yet all things which mean so much in nice nursing, the nursing which is required of the graduate from a good school. Yet they do take time, and when Miss Smith returns she will think, if not say, that Miss Jones has been wasting time "fussing" over the patients.

If Miss Jones has a good sense of proportion, she will work out her own salvation. She will deny requests cheerfully when she cannot grant them, making it evident that it is lack of time, not lack of will, which leads her to do so; and she will probably get through the school appreciated for her quick intelligence and insight, though her ward work will

never be what she would wish it herself, or quite up to the hospital standard.

If her sense of proportion is lacking, one of two things is likely to happen: She will perhaps decide that to do the things she would like to do for her patients, the things she would wish done for herself in similar case, is impossible, and must be unnecessary, as the authorities lay no stress upon them and do not seem to allow time for them. She will deliberately shut up her sympathies, and simply try to get through the work with what credit she can to herself. Probably her sympathies will atrophy from lack of use, and she will lose her natural gift without gaining much proficiency in those qualities with which she was not gifted, and so will turn out a commonplace nurse and woman.

Or, on the other hand, she will try her utmost to do all that is required of her and all that she feels is obligatory upon a nurse, and will be dismissed as not physically strong enough or as unfit for hospital work.

Am I wrong in thinking that in this way some good women are lost to the profession?

Of course, if the aim of the hospital is, for economical reasons, to have as few nurses as possible on duty and to get through a given amount of work in the quickest possible time, the grace of the doing and the little things must be largely eliminated. The hospital can justify itself, because, even so, the patients are probably twice as well cared for as they would be at home.

The injustice falls largely on the nurse, who is expected to show in private duty, as soon as she graduates, not only scientific accuracy, but a thoughtful consideration for the preferences of her patient, a graceful and tactful attention to detail which, as a matter of fact, she has had very little opportunity to put into practice for the past three years, though she has doubtless been instructed in the theory.

In Miss Davidson's paper in a recent number of the *JOURNAL* we recognize as unfortunately true the faults she points out in the private nurse. Doubtless the faults are somewhat those of character, but the onus lies partly on the training-school.

Character, the great gift of all, may be trained and developed, as well as the lesser gifts—the manual dexterity, the quick perception, and the level head—which go to the making up of a good nurse. In justice, whatever is required of the private nurse should not only be inculcated by the training-school, but, so far as is possible, room should be allowed for its actual practice, so that, like bedmaking, it may become a second nature.

To repeat what has been said above, undoubtedly the most valuable

quality a nurse can possess in private duty—next to correct surgical technique—is the quality of being acceptable to her patient.

The quality of being personally acceptable in all relations, not only in the ordinary, but in the extraordinary, in trying, arduous, wearisome relations—this is the trump-card of success in the hand of the private nurse. Because of it she will be invaluable to both doctor and patient. If the hospital is fitting the nurse for private duty, this so important a factor in her equipment should not be overlooked. Its value should be pointed out to the nurse and emphasized in every possible way. Every opportunity should be taken to cultivate those elements of character—the power of putting oneself in another's place, the gracious unselfishness in little things, and the delicate Christian courtesy—which, united, give the quality of personal charm.

Let us hope that the training-schools of the future will teach the art of personal service to the helpless in its fulness and completeness. Then will be solved many difficulties in the sphere of life in which nursing bears so large a part.

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## DESCRIPTION OF APPLIANCES EXHIBITED AT THE CONVENTION OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES, HELD IN PITTSBURG, OCTOBER, 1903

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### NEW YORK HOSPITAL

THE following excellent description of the electric pad, the use of which was demonstrated at the Western Pennsylvania Hospital, was found in a recent issue of *THE AMERICAN JOURNAL OF NURSING*:

“HEAT BY ELECTRICITY—THE MECHANISM AND OPERATION OF AN ELECTRIC HEATING-PAD.—In hospitals, institutions, and homes supplied with electricity an electric device is fast supplanting the hot-water bag, hot-water bottle, hot cloths, and other means of applying heat locally to the body. This device is in the shape of a pad, varying in size and accordingly in price, the latter ranging from six to thirteen dollars. The purchase price, however, practically covers the entire expense, as the cost of operating is trifling and as, with care, the pad remains in good order for an indefinite period of time. All that is necessary for the operation of the electrical heating-pads is an electrical current with a standard voltage up to 120 and a regulation fixture.

“The pad itself consists of a spiral made by yards and yards of infinitely fine wire about a long and very narrow strip of asbestos. This spiral is in turn enveloped in asbestos and, thus isolated, is stitched back and forth to the inside of a muslin bag. The pad, now in shape, goes into a water-proof covering, which protects the wire from perspiration from the patient's body. Then comes a wrapping of lamb's wool, which forms the outside of the pad. The conductor